

DEVELOPMENT SERVICES  
**COMMERCIAL & MULTI-FAMILY BUILDING**  
**PERMIT APPLICATION**  
 121 5<sup>th</sup> Avenue N, Edmonds, WA 98020  
 Phone 425.771.0220 ☎ Fax 425.771.0221

*PLEASE REFER TO THE COMMERCIAL & MULTI-FAMILY BUILDING CHECKLIST FOR SUBMITTAL REQUIREMENTS*

<b>PROJECT ADDRESS (Street, Suite #, City State, Zip):</b>	<b>Parcel #:</b>	
Subdivision/Lot #:	<b>Project Valuation: \$</b>	
<b>APPLICANT:</b>	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
<b>PROPERTY OWNER:</b>	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
<b>LENDING AGENCY:</b>	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
<b>CONTRACTOR:*</b>	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
<i>*Contractor must have a valid City of Edmonds business license prior to doing work in the City. Contact the City Clerk's Office at 425.775.2525</i>	WA State License #/Exp. Date:	
	City Business License #/Exp. Date:	

**DETAIL THE SCOPE OF WORK:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED NEW SQUARE FOOTAGE FOR THIS PROJECT:**

1st Floor: _____ sq. ft.	2 <sup>nd</sup> Floor: _____ sq. ft.	3 <sup>rd</sup> Floor: _____ sq. ft.
Basement: _____ sq. ft.	Garage: _____ sq. ft.	Deck/Cvrd Porch: _____ sq. ft.
Other: _____ sq. ft.	Retaining Wall: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Sprinklers: Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupancy Group(s): _____	Occupant Load(s): _____	Type(s) of Construction: _____
Grading: Cut _____ cu.yds.	Fill _____ cu.yds.	Cut/Fill in Critical Area: Yes <input type="checkbox"/> No <input type="checkbox"/>

*I declare under penalty of perjury laws that the information I have provided on this form/application is true, correct and complete, and that I am the property owner or duly authorized agent of the property owner to submit a permit application to the City of Edmonds.*

Print Name: \_\_\_\_\_ Owner ☐ Agent/Other ☐ (specify): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MECHANICAL

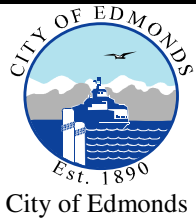
Equipment Type	Appliance/Equipment Information (new and relocated)	Total #
Furnace	Gas # ___ Elec # ___ Other: _____ # ___ BTUs: <100k ___ >100k ___ Location(s) _____	
Air Handler / VAV (circle selected)	Gas # ___ Elec # ___ Other: _____ # ___ CFM: <10k ___ >10k ___ Location(s) _____	
AC / Compressor / Boiler / Heat Pump / Roof Top Unit (circle selected)	Gas # ___ Elec # ___ Other: _____ # ___ BTUs: _____ <100k, _____ 100k-500k, _____ 500k-1Mil HP: _____ <3, _____ 3-15, _____ 15-30 Location(s) _____	
Hydronic Heating	Gas # ___ Elec # ___ In-Floor ___ Wall Radiant ___ Boiler BTUs: _____ Location _____	
Exhaust Fans (single duct)	Bath # ___ Kitchen # ___ Laundry # ___ Other: _____ # ___	
Fireplace	Gas # ___ Elec # ___ Other: _____ # ___ Location(s) _____	
Dryer Duct		

### FUEL GAS

Appliance Type	Appliance/Equipment Information (new and relocated)	Total #
AC Unit	BTUs: _____ Location(s): _____	
Furnace	BTUs: _____ Location(s): _____	
Water Heater	BTUs: _____ Location(s): _____	
Boiler	BTUs: _____ Location(s): _____	
Other: _____	BTUs: _____ Location(s): _____	
Fireplace/Insert	BTUs: _____ Location(s): _____	
Stove/Range/Oven		
Dryer		
Outdoor BBQ		
	<b>TOTAL OUTLETS</b>	

### PLUMBING FIXTURE COUNT

Fixture Type (new and relocated)	Total #	Fixture Type (new and relocated)	Total #
Water Closet (Toilet)		Pressure Reduction Valve/Pressure Regulator	
Sink (kitchen, laundry, lavatory, bar, eye wash, etc.)		Water Service Line	
Tub/Shower		Drinking Fountain	
Dishwasher		Clothes Washer	
Hose Bib		Backflow Prevention Device (e.g. RBPA, DCDA, AVB)	
Water Heater Tankless? Yes <input type="checkbox"/> No <input type="checkbox"/>		Hydronic Heat in: Floor <input type="checkbox"/> Wall <input type="checkbox"/>	
Floor Drain/Floor Sink		Other:	
Refrigerator water supply (for water/ice dispenser)		Other:	



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**PROJECT ADDRESS:** \_\_\_\_\_

**PRE-APPLICATION MEETING?** YES ☐ NO ☐ If YES, Pre-application Number: \_\_\_\_\_

Plans shall be of sufficient clarity to indicate the location, nature, and extent of the work proposed, and conform to the provisions of the adopted International Codes and City Ordinances.

Applicant's Checklist	<b>SUBMITTAL REQUIREMENTS</b> <i>The number indicates the number of copies for submittal (if applicable). Check marks indicate additional submittal requirements that may apply to your project.</i>	New Commercial & Mixed Use	New Multi-Family	Tenant Improvements	Change of Use	Signs	Fire Alarm Fire Sprinkler Fire Connection	Office Use Only
	Application Form E	1	1	1	1	1	1	
	Site Plan	3	3	3	3	3	3 F/C	
	Reduced Site Plan (11 X 14 or 8 ½ x 11)	1	1	1	1	1	1 F/C	
	Construction Drawings	3	3	3	3	3	3	
	Structural Drawing and Calculations	3	3	3	3	✓		
	WA State Energy Code NREC Calcs & Lighting	✓	✓	✓	✓			
	Site Classification Worksheet	3	3					
	Site Development Plans/Civils	4	4					
	Engineering Report/Drainage Calculations	3	3					
	Landscape Plan	3	3					
	Right –of-Way Permit Application	1	1		1			
	Critical Areas Determination or Checklist	1	1		1			
	Geotechnical Report	3	3					
	Health District Approval Letter	✓		✓	✓			
	Manufacturer's Specifications/Cut Sheets	✓	✓	✓	✓		3	
	Contractor's City of Edmonds Business License	✓	✓	✓	✓	✓	✓	
	Washington State Contractors License	✓	✓	✓	✓	✓	✓	
	Plan Check Fee (due upon submittal)	✓	✓	✓	✓	✓	✓	
	Traffic Impact Analysis	3	3	3	3			
	Survey	3	3					
	Special Inspection and Testing Agreement	✓	✓	✓	✓			
	Envelope Plans and Documents/Condos	2	2					
	Bonds	1	1	✓	✓			
	Architectural Design Approval	1	1	✓	✓			
	Peer Review Fees	✓	✓					
	Deferred Submittals	✓	✓					
	Shop Drawings	✓	✓					
	Street Use					✓		

- Handouts and Standard Details may be found on the City's website [www.edmondswa.gov](http://www.edmondswa.gov) or can be obtained at City Hall during normal business hours.
- Plans/calculation/reports prepared by state licensed architects or professional engineers must be stamped and signed by the design professional.